

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L41244

**Entity Name:** PGA CHIROPRACTIC HEALTH CENTER, P.A.

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC3095693903**

**Current Principal Place of Business:**

10800 N MILITARY TR  
SUITE 111  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

10800 N MILITARY TR  
SUITE 111  
PALM BEACH GARDENS, FL 33410

**FEI Number: 65-0177767**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

THAW, ANDREW HPRES  
10800 N MILITARY TRL., STE 111  
SUITE 111  
PALM BEACH GARDENS, FL 33410 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PST  
Name            THAW, ANDREW H  
Address        10800 N MILITARY TR #111  
City-State-Zip: PALM BCH GDNS FL 33410

Title            D  
Name            THAW, ANDREW H  
Address        10800 N MILITARY TR #111  
City-State-Zip: PALM BCH, GDNS FL 33410

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREW THAW**

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date